PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

o: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 03/08/2007

Woodard, Emhardt, Naughton, Moriarty and McNett Bank One Center/Tower 111 Monument Circle, Suite 3700 Indianapolis, IN 46204-5137 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

| | | , | 4 | | | | |
|---|---|---|---|--|--|---|--|
| APPLICATION NO. | FILING DATE | FILING DATE | | FIRST NAMED INVENTOR | | Y DOCKET NO. | CONFIRMATION NO. |
| 10/082,703 TITLE OF INVENTION | 02/25/2002 : NEEDLE-GUIDE DE | VICE PARTICULARIA | Roberto Furia / FOR ULTRASOUND PR | OBES | . 8 | 240-11 | 5318 |
| | | | | · · | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE T | OTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | | \$1700 | 06/08/2007 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | |
| JAWORSKI, | FRANCIS J | 3768 | 600-461000 | | | • | |
| "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A | ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach | 2. For printing on the p. (1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be THE PATENT (print or typ | 3 registered patent rely, e firm (having as a gent) and the name neys or agents. If n printed. | attorneys member a s of up to o name is | MCNE PATENT AND 1111 MONUME INDIANAPOLIS | EMHARDT, MORIARTY TT & HENRY LLP IBADEMARK ATTORNE INT CIRCLE, SUITE 370 INDIANA 46204-51 | |
| (A) NAME OF ASSIG | GNEE | • | (B) RESIDENCE: (CITY Casale Monf | and STATE OR CO | OUNTRY) ALY | | ecument has been filed for |
| 4a. The following fee(s): | are submitted: | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3030 (enclose an extra copy of this form). | | | | | |
| NOTE: The Issue Fee and | s SMALL ENTITY statu | is. See 37 CFR 1.27. | b. Applicant is no long | | | | |
| Authorized Signature Typed or printed name | James M. DI | 1. Duslaci Jrlacher | le . | Date JUNE Registration No etain a benefit by the mated to take 12 m dual case. Any con r, U.S. Patent and T THIS ADDRESS. | 28,8 | 340 | by the USPTO to process) g gathering, preparing, and the you require to complete ritment of Commerce, P.O. for Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number;